



2012 Annual Quality Management Plan
(AHCCCS Contract Year October 1, 2011 – September 30, 2012)
(C-D-23, AMPM 910-A-1)

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Office of Performance Improvement
Bureau of Quality Management Operations
Division of Behavioral Health Services

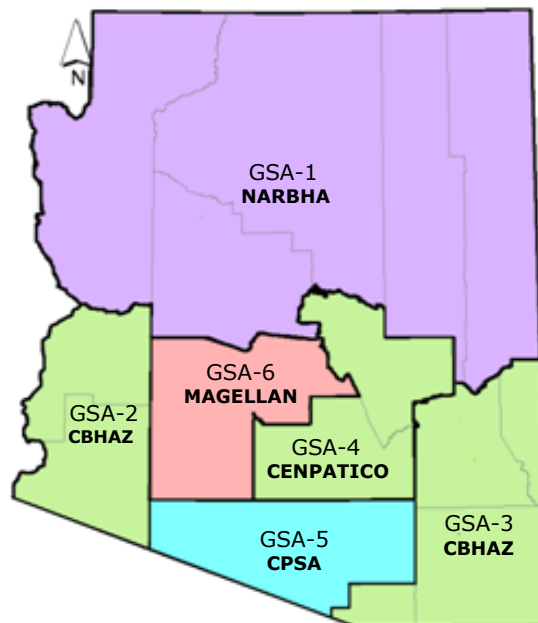
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I. Introduction

1. ADHS/DBHS System

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the single state authority that provides administration, regulation, and monitoring of all facets of the state publicly funded behavioral health system. ADHS/DBHS Contractors are community-based organizations known as Regional Behavioral Health Authorities (RBHAs) and Tribal Behavioral Health Authorities (TBHAs). ADHS/DBHS Contractors administer behavioral health services throughout the state and function in a fashion similar to health maintenance organizations. Contractors are responsible for the development of comprehensive service networks to provide a full continuum of behavioral health services for adults with substance abuse and general mental health disorders, adults with serious mental illness (SMI), and children.

The state is divided into six geographical service areas (GSAs) served by four Contractors:



- [Cenpatico Behavioral Health of Arizona](#) (CBHAZ) serves three GSAs (GSAs 2, 3 and 4) covering Pinal, Gila, Graham, Greenlee, Santa Cruz, Cochise, Yuma, and La Paz Counties.
- [Community Partnership of Southern Arizona](#) (CPSA) serves one GSA (GSA 5) covering Pima County.
- [Northern Arizona Behavioral Health Authority](#) (NARBHA) serves one GSA (GSA 1) covering Mohave, Coconino, Apache, Navajo, and Yavapai Counties.
- [Magellan of Arizona](#) (Magellan) of Arizona serves one GSA (GSA 6) covering Maricopa County.

In addition to these geographic service areas, ADHS/DBHS has Intergovernmental Agreements (IGAs) with three of Arizona's American Indian Tribes to deliver behavioral health services to persons living on the following reservations:

- [Gila River Indian Community](#)
- [Pascua Yaqui Tribe](#)
- [White Mountain Apache Tribe of Arizona](#)

2. Program Vision, Mission and Goals

ADHS/DBHS' vision for the delivery of quality behavioral health services provides the foundation for all Quality Management activities. The ADHS/DBHS vision states:

All Arizona residents touched by the public behavioral health system are easily able to access high quality prevention, support, rehabilitation and treatment services that have resiliency and recovery principles at their core, which assist them in achieving their unique goals for a desired quality of life in their homes and communities.

To support the ADHS/DBHS vision, the mission of the ADHS/DBHS BQMO is:

- Improve the quality of care provided to all behavioral health recipients;
- Improve behavioral health recipient satisfaction with services received; and
- Improve outcomes for all behavioral health recipients.

The 2012 ADHS/DBHS QM Plan is designed to achieve the goal of improved quality of care for behavioral health recipients utilizing evidenced-based practices, to meet or exceed AHCCCS requirements. Activities defined to support QM processes and program goals are delineated in the ADHS/DBHS QM Work Plan (Attachment A). These activities serve to direct and focus the ADHS/DBHS QM program and include clearly defined goals, measurable objectives, data feeds, responsible parties, frequencies of activities and target dates for activities completion

II. Scope of the QM Program

The ADHS/DBHS QM Plan includes all quality improvement activities conducted and managed by the Office of Performance Improvement (OPI) in BQMO, including the monitoring and oversight of Contractors' QM activities. ADHS/DBHS uses analysis of the behavioral health system's performance, feedback from behavioral health recipients and stakeholders, and evidence based practices to drive the performance improvement activities and new initiatives included in this Plan.

The ADHS/DBHS QM Plan includes monitoring reports and quality improvement activities pertaining to the following service categories and treatment settings:

Service Categories:

- Treatment Services
- Rehabilitation Services

- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs

Treatment Settings:

- Level I Hospital
- Level I Psychiatric Hospital
- Level I Residential Treatment Center
- Level I Sub-acute Facility
- Level II Behavioral Health Residential
- Behavioral Health Outpatient Clinic
- Level III Behavioral Health Residential (non-IMD)
- Community Service Agency
- Behavioral Health Therapeutic Home
- Rural Substance Abuse Transitional Center
- Crisis Services Provider

Specific information regarding covered services and treatment settings can be found in the [ADHS/DBHS Covered Behavioral Health Services Guide](#).

Quarterly and Annual Evaluations

ADHS/DBHS conducts quarterly and annual evaluations of the Annual QM Work Plan (Attachments B and C) and reports the results to the QM Committee. Evaluation of progress toward meeting the QM Program goals is used to determine the scope of the coming year's activities and in the development of QM processes and performance improvement activities.

III. Quality Management Administrative Oversight

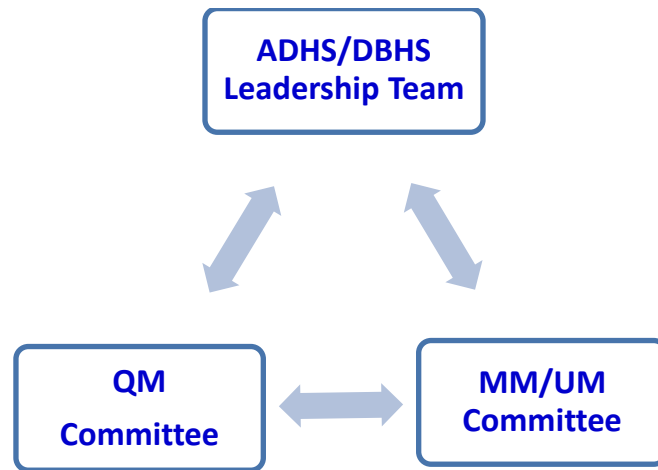
Structural Framework and Communication (C-D-23, AMPM 910-A-1-b)

The ADHS/DBHS Bureau of Quality Management Operations (BQMO) works collaboratively with all functional areas of ADHS/DBHS in the ongoing assessment and evaluation of the quality of services provided to behavioral health recipients. The ADHS/DBHS committees are utilized for decision making, performance monitoring, development of performance improvement activities, and as a means for incorporating stakeholder and member feedback into QM activities.

ADHS/DBHS Leadership Team

The ADHS/DBHS Leadership Team acts as the governing and policy making body for ADHS/DBHS. As seen in the diagram, the Leadership Team oversees the ADHS/DBHS QM program, providing strategic direction and ultimate authority for the scope of QM activities. The Leadership Team ensures ongoing communication between ADHS/DBHS QM and other ADHS/DBHS functional areas so that improvement activities are ongoing

and effective. As the diagram indicates, the Leadership Team is the final approval authority for all activities related to the ADHS/DBHS system of care.



Membership: Laura Nelson, M.D., Deputy Director, (**Chair**)
Robert Sorce, Assistant Director
Ann Froio, Assistant Director
Steven Dingle, M.D., Chief Medical Officer
Sara Salek, M.D., Deputy Chief Medical Officer
Cynthia Layne, Chief Financial Officer
Margery Ault, Branch Chief, Consumer Rights
Claudia Sloan MBA, Special Projects Administrator,

Meeting Frequency: Weekly

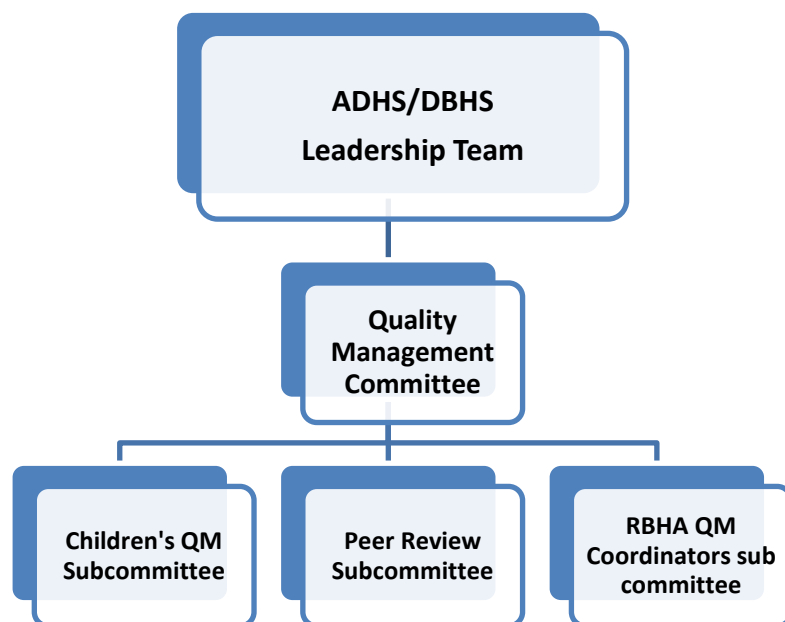
Quality Management Committee (ADHS/DBHS QM Committee)

(C-D-23, AMPM 910-C-1-a, AMPM 910-C-3-a-1-2-3-5, AMPM 920-C-1-b)

The QM Committee is chaired by the Chief Medical Officer (CMO) and co-chaired by the Manager of the Office of Performance Improvement (OPI) in the Bureau of Quality Management Operations (BQMO).

The ADHS/DBHS QM Committee ensures ongoing communication and collaboration between executive leadership and other functional areas of the Division and agency. Each ADHS/DBHS functional area is represented in the ADHS/DBHS QM Committee.

Committee members are informed of confidentiality and conflict of interest requirements related to serving on the committee. Sign-in sheets with confidentiality and conflict of interest language are completed at all meetings. The committee reviews, modifies, and updates QM program objectives, policies and procedures at least annually and completes quarterly status reviews of the QM Work Plan (C-D-17, C-D-23-A-1, C-D-23 6, 6-F, AMPM 910-C-3-b and e, AMPM 960-D-1-a).



Membership:

Voting Members

Steven Dingle, M.D., Chief Medical Officer (**Chair**)
Kristy Benton, Office Chief, OPI (**Co-Chair**)
Ashraf Lasee, Branch Chief, BQMO
Margery Ault, Branch Chief, Consumer Rights
Laura Nelson, M.D., Deputy Director
Sara Salek, M.D., Deputy Chief Medical Officer
Ann Froio, Assistant Director
Cynthia Layne, Chief Financial Officer
Margaret McLaughlin, Acting Branch Chief, Compliance
Melissa Thomas, Acting Branch Chief, Program Operations
Kathy Bashor, Office Chief, Office of Individual and Family Affairs

Non-Voting Members

Alexandra O'Hannon, Office Chief, Medical Management
Office Chief, BQMO Information Management
QM Staff: QOC RNs, Performance Measure RN/Specialist and PIP Coordinator

Meeting Frequency: Monthly

The ADHS/DBHS QM Committee receives feedback and recommendations for performance improvement activities from various subcommittees, work groups and other ADHS/DBHS functional areas. There are three subcommittees under the QM Committee:

1. The Children's QM Subcommittee
2. Peer Review Subcommittee
3. The QM T/RBHA Coordinators Subcommittee

The BQMO Medical Management/Utilization Management (MM/UM) Committee also provides semi-annual updates to the ADHS/DBHS QM Committee on MM/UM activities and makes recommendations to facilitate communication and coordination of improvement activities between QM and MM/UM programs.

Children's QM Subcommittee

The purpose of this subcommittee is to monitor quality management and improvement activities specific to children's services and improve practice according to the Arizona 12 Principles. This subcommittee reviews data that includes performance measures, member and family feedback, and outcome measures.

The Children's QM Subcommittee is chaired by the Deputy Chief Medical Officer and co-chaired by the Office Chief of the Office of Performance Improvement in the Bureau of Quality Management Operations (BQMO).

Subcommittee reports are presented quarterly to the ADHS/DBHS QM Committee to provide recommendations and clinical expertise into the development of specific measures for children.

Committee members are informed of confidentiality and conflict of interest requirements related to serving on the committee. Sign-in sheets with confidentiality and conflict of interest language are completed at all meetings.

Membership:

Sara Salek, M.D., Deputy Chief Medical Officer, (**Chair**)
Kristy Benton, Office Chief, OPI (**Co-Chair**)
Steven Dingle, M.D., Chief Medical Officer
Ashraf Lasee, Branch Chief, BQMO
Ann Froio, Assistant Director
Melissa Thomas, Acting Branch Chief, Program Operations
Kathy Bashor, Office Chief, Office of Individual and Family Affairs
Lou Ann Allard, Office Chief, Customer Service
Kimberly Engle, Office Chief, Children's System of Care
Kim Skrentny, Children's Clinical Advisor
Ronald Copeland, Implementation Manager, Children's System of Care
Steve Lazere, Implementation Manager, Children's System of Care
Kevin Flynn, Implementation Manager, Children's System of Care
Katie Jebraail, Implementation Manager, Children's System of Care
Robert Crouse, Implementation Manager, Children's System of Care

Meeting Frequency: Quarterly

Peer Review Committee

(C-D-23-6-e and AMPM 960-C-6, AMPM 910-C-4-(a-m))

The purpose of the ADHS/DBHS Peer Review Committee is to improve the quality of medical care provided to ADHS/DBHS behavioral health recipients and provide oversight and direction to the ADHS/DBHS Contractors in their peer review process.

Peer Review Committee activities include a review of cases where there is evidence of a quality deficiency in the care or service provided, or the omission of care or a service, by a person or entity that subcontracts with an ADHS/DBHS Contractor or Contractor's subcontractor to provide covered services directly to behavioral health recipients.

The ADHS/DBHS Peer Review Committee will examine selected RBHA peer review outcomes and information to monitor the RBHA peer review process. As the result of the review, the ADHS/DBHS Peer Review Committee will make recommendations to the RBHA Chief Medical Officer for further action, when indicated.

Cases for peer review are also identified through various ADHS/DBHS monitoring processes, including Quality of Care (QOC) concern reviews and incident, accident and death reviews. To guide these activities, ADHS/DBHS follows the Policy QM 2.6 Peer Review, Peer Review Desktop Protocol, and Peer Review Process (Attachment D).

The Peer Review Committee operates under the confidentiality protections afforded by state and federal law as follows:

[42 U.S.C. 1320c-9](#); [42 U.S.C. 11101 et seq.](#); [42 CFR 51.41 \(c\) \(4\)](#); [A.R.S §36-441](#); [A.R.S. §36-445](#); [A.R.S. §36-2401](#); [A.R.S. §36-2402](#); [A.R.S. §36-2403](#); [A.R.S. §36-2404](#); [A.R.S. §36-2917](#); [A.R.S. § 36-3407](#); [A.R.S. §41-1092\(3\)](#); [A.R.S. §8-542](#); [AHCCCS Medical Policy Manual \(AMPM\) 910\(A\) \(4\)](#); and [AHCCCS Medical Policy Manual, Chapter 900, Sections 910 & 960](#).

Membership¹:

Voting Members:

Steven Dingle, M.D., Chief Medical Officer, (**Chair**)
Kristy Benton, R.N., Office Chief, OPI (**Co-Chair**)
Sara Salek, M.D., Deputy Chief Medical Officer
Peer Review Coordinator, QOC RN, OPI
Internal and External Licensed Medical and/or Clinical Professionals

Non-voting members:

Laura Nelson, M.D., Deputy Director
Ashraf Lasee, Branch Chief, BQMO
Subject Matter Experts by Invitation Only

Meeting Frequency: Quarterly and *ad hoc* as needed.

¹ ADHS/DBHS uses external consultants when necessary specialty expertise is not available internally.

The T/RBHAs QM Coordinators Subcommittee Meeting

This subcommittee is chaired by the Office Chief of the Office of Performance Improvement and serves as the primary planning, policy and problem-solving communication channel between ADHS/DBHS Quality Management (QM) program and its Contractors. The main objective of the T/RBHAs QM Coordinators subcommittee is to disseminate ADHS/DBHS information, provide technical assistance, and receive feedback from the Contractors. The goal is to enhance ADHS/DBHS oversight of the Contractors' QM processes and activities, share QM data, incorporate ADHS/DBHS Contractors and their providers' input into the ADHS/DBHS QM system and improve Contractor compliance with QM contractual requirements.

Statewide quality management initiatives are discussed and technical assistance is provided by ADHS/DBHS. The meetings incorporate a roundtable discussion in which the Contractors can provide feedback to ADHS/DBHS QM and brainstorm best practices for incorporation into QM activities. In addition to quarterly meetings, ADHS/DBHS may call *ad hoc* meetings with Contractors to review new or revised QM requirements, report performance measures specifications, discuss the QM Plan and Work Plan, etc.

Membership:

Kristy Benton, R.N., Office Chief, OPI, (**Chair**)
Ashraf Lasee, Branch Chief, BQMO
BQMO Performance Improvement Specialists
Alexandra O'Hannon, Office Chief, Office of Medical Management
Office Chief (vacant) Office of Information Management
RBHAs Quality Management (QM) Coordinators/Directors

Meeting Frequency: Quarterly

ADHS/DBHS QM Staffing Description

The ADHS/DBHS BQMO's Office of Performance Improvement (OPI) has general responsibility for the ADHS/DBHS Quality Management functions. ADHS/DBHS OPI is staffed with individuals who have the knowledge and experience to perform QM activities within each function/performance area: Quality of Care (QOC) Concerns, Performance Measure tracking, monitoring and oversight, Performance Improvement Project (PIP), ADHS/DBHS Annual Consumer Survey, and other programmatic and administrative activities.

BQMO/OPI Staff Job Descriptions

Chief Medical Officer - Steven Dingle, M.D.: is the ADHS/DBHS Chief Medical Officer (CMO); who is an Arizona-licensed physician (Psychiatrist). The CMO is responsible for:

- Chairing the ADHS/DBHS Quality Management Committee and the Peer Review Subcommittee
- Providing clinical oversight of the Quality of Care (QOC) process

- Working with RBHA Chief Medical Officers on issues related to QOC and Peer Review
- Providing direction and input into ADHS/DBHS Performance Improvement Projects

Branch Chief, Bureau of Consumer Rights - Margery Ault, J.D.: The ADHS/DBHS Branch Chief for the Bureau of Consumer Rights reports to the ADHS/DBHS Deputy Director. The Branch Chief (Consumer Rights):

- Provides administrative, executive-level leadership, guidance and support for BQMO as well as the Offices of Human Rights, Grievance and Appeals and Customer Service.
- Serves as a member of ADHS/DBHS' Leadership Team

Branch Chief, BQMO - Ashraf Lasee, M.B.B.S, M.P.H., Dr. P.H.: The Branch Chief for the Bureau of Quality Management Operation is responsible to ensure ongoing communication and collaboration between executive leadership, BQMO, and other functional areas of the Division of Behavioral Health Services; provides administrative support and technical assistance to three Offices in the Bureau: Office of Performance Improvement (OPI), Office of Medical and Utilization Management (MM/UM), and the Office of Information Management; and provides leadership to communicate program related issues and needs with AHCCCS. On a daily basis, the Branch Chief is responsible for:

- Focusing organizational efforts on improving clinical quality performance measures
- Developing and implementing performance improvement projects
- Utilizing data to develop intervention strategies to improve outcomes
- Reporting quality improvement and performance outcomes
- Managing the BQMO which includes the Offices of Performance Improvement and Medical Management/Utilization Management
- Ensuring compliance with the Arizona Health Care Cost Containment System; (AHCCCS) Medical Provider Manual (AMPM) Chapter 900 (Quality Management) and Chapter 1000 (Utilization Management)
- Monitoring AHCCCS Performance Measures, including: access to care, coordination of care, behavioral health service plan and behavioral health service provision; consumer satisfaction; and others by all contractors and tribal partners to improve performance

Office Chief, Office of Performance Improvement (OPI) - Kristy Benton, R.N., B.S.N., M.P.H.: The Office Chief for the Office of Performance Improvement reports to the Branch Chief for the BQMO. The Office Chief is responsible for:

- Managing a team of eight OPI staff
- Overseeing the day-to-day operations of the OPI
- Ensuring OPI's and its Contractors' compliance with AMPM 900
- Providing direct supervision to the Quality of Care Process and related issues
- Co-Chairing QM Committee with ADHS/DBHS Chief Medical Officer

- Coordinating performance improvement activities with AHCCCS, ADHS/DBHS contractors, tribal partners, consumers and family members, and other stakeholders and workgroups
- Providing technical assistance regarding ADHS/DBHS requirements, processes and operational matters to ADHS/DBHS contractors and tribal partners
- Overseeing and facilitating the Administrative Review Process of T/RBHAs in the quality management area
- Coordinating the QM components of AHCCCS' Operational and Financial Review process for ADHS/DBHS
- Overseeing and facilitating the bi-annual data validation activities
- Writing, revising and updating QM area policies and procedures for both internal and external use

QOC Program Lead - Linda Ellen Holmes M.B.A, ADN: The QOC Lead is responsible for:

- Coordinating the procedural and substantive QOC activities of all staff conducting QOC reviews
- Reviewing all Incident, Accident, and Death (IAD) reports submitted by RBHAs and other sources on a regular basis; conducting and monitoring inter rater reliability checks among reviewers on a weekly basis
- Tracking and trending QOCs; developing weekly and quarterly QOC tracking reports
- Monitoring and evaluating quality of care data to determine any trends related to quality of care in ADHS/DBHS' systems of care
- Coordinating the Peer Review subcommittee with DBHS Chief Medical Officer
- Coordinating Peer Review related activities with Contractors' CMOs
- Ensuring compliance with federal, state, and contractual requirements

QOC Program Staff - Earlene Allen, R.N., M.C. (Masters in Counseling), Michele Reese, R.N. (starts 12/26/2011) and a QOC Analyst: The QOC Program staff job responsibilities include, but are not limited to:

- Reviewing Incident, Accident and Death (IAD) reports and identifying potential QOC concerns
- Receiving and reviewing potential QOC concerns from ADHS/DBHS staff and outside agencies
- Communicating these potential concerns with Contractor QOC personnel
- Assessing and evaluating the care provided to individuals receiving services based on the results of QOC investigations
- Monitoring and evaluating level and quality of care to improve services, and
- Appraising and assessing whether existing services are meeting the needs of individuals receiving services in the community

Performance Improvement Project (PIP) Coordinator - Jennifer Tonges, B.A. Psychology: PIP coordinator's responsibilities include, but are not limited to:

- Coordinating the development, design and implementation of PIP projects
- Developing PIP project proposals and updates to current PIPs
- Assisting other OPI staff as needed

Performance Measure Program Lead - (Grade 22 RN position-Interviews in process): The Performance Program Lead will report to the Office Chief, OPI. The responsibilities include, but are not limited to:

- Coordinating the work of two performance improvement staff
- Organizing and directing Annual Administrative Reviews and ongoing data validation activities in the area of performance measures, credentialing and the Medical Record Review
- Developing annual performance improvement reports and correspondence
- Providing feedback and technical assistance as necessary to ADHS/DBHS Contractors and tribal partners on performance measures, reports, and OPI policies and procedures
- Addressing the core business functions of OPI as described in the annual QM Plan
- Attending meetings internally and externally on quality improvement and OPI administration topics

Performance Measure Program Staff - (Patricia Valez and two vacant positions which are in the hiring process): The Performance Measure Staff responsibilities include, but are not limited to:

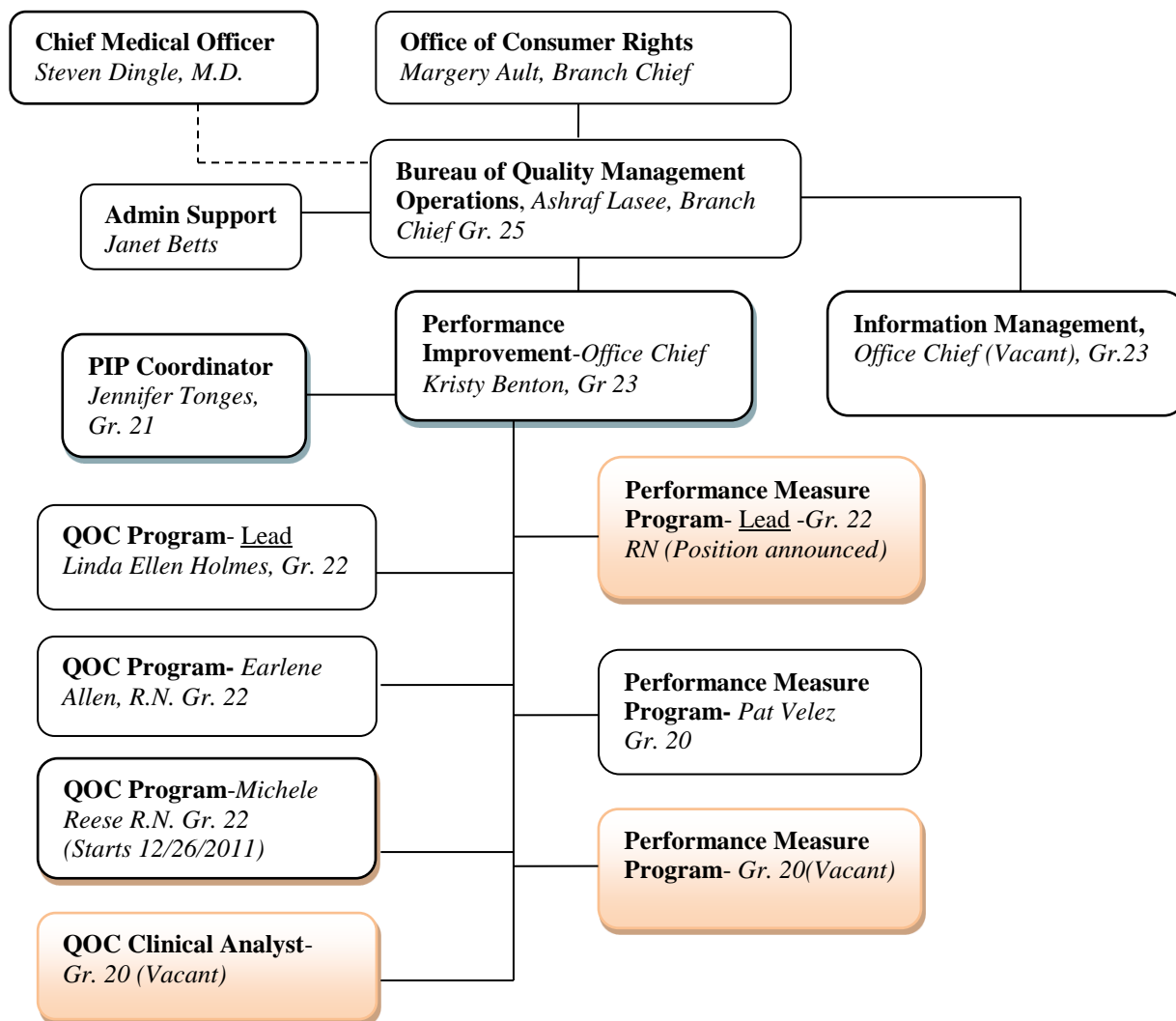
- Participating in the development and execution of performance improvement activities based on data analysis and AHCCCS requirements
- Completing quarterly reviews and analyzing contractors' performance related to specific performance measures
- Conducting semi-annual data validation activities and monitoring of corrective action plan(s) submitted by the ADHS/DBHS Contractors
- Completing *ad hoc* and focused reviews, as required by the Chief of the Office of Performance Improvement
- Providing technical assistance to Contractors regarding performance improvement activities
- Addressing core business functions of OPI as described in the annual QM Plan

Office of Information Management: The Information Management (IM) Office Chief works with a team of three full time staff (Carolyn Dempsey, Vanessa Cardenas and Rahnuma Khandaker) and a part time consultant (Julie Karcis, NP, M.P.H). The OIM staff assist with quality and utilization management data needs in the BQMO as follows:

- Tracking incoming and outgoing QM and MM/UM Deliverables
- Assisting OPI in data analysis for the ADHS/DBHS Annual Consumer survey, AHCCCS Enrollee Grievance Report (Complaint Resolution Summary), Performance Measure evaluation and improvement activities, developing visual presentations for the QM Committee meetings
- Developing utilization reports on SMI eligibility determinations, length of stay (LOS), re-admission rates, RBHA prior authorizations, and pharmacy utilization for provider monitoring and oversight, and evaluating Contractors' compliance

- Developing At-a-Glance Charts and Graphs for Performance Measures, Complaints, Quality of Care trending and Utilization Management measures
- Monitoring and updating the ADHS/DBHS Outcomes Dashboard
- Developing ADHS/DBHS-BQMO Specification manual – a manual for ADHS/DBHS and T/RBHA staff describing how to generate QM and MM/UM area data and reports per AHCCCS Requirements (Attachment K)
- Assisting ADHS/DBHS Finance and Contract Compliance Bureaus for Annual Performance Incentives calculation and evaluation

Office of Performance Improvement - Org Chart



Collaboration with other ADHS/DBHS Functional Areas:

In addition to the functional areas within the BQMO, another ADHS/DBHS organizational area plays a significant role in supporting BQMO operations. The Bureau of Business Information within ADHS/DBHS supports the integrity of Client Information System through publications such as the Demographics Users Guide (DUG) and the Operations and Procedures Manual, which provide guidelines to data reporting structures for claims and demographic data. Both Offices also implement data integrity processes such as audits and data checks on contractor-submitted data.

IV. Quality Management Plan Activities

(C-D-17, C-D-23-A-1, AMPM 910-C-3-e, AMPM 920-B-2)

This section describes all ADHS/DBHS (internal) and Contractor (external) quality improvement activities and processes. ADHS/DBHS mandates that all Contractors incorporate ADHS/DBHS' quality improvement activities into their QM Plans.

Monitoring and Evaluation Activities (C-D-23-B-II, AMPM 920-B-3, AMPM 940-2-b-c)

ADHS/DBHS QM conducts monitoring and evaluation of QM activities through monthly and quarterly direct data reports from its Contractors, focused *ad hoc* reviews and annual administrative reviews. The following are descriptions of all ADHS/DBHS QM activities.

Data Integrity Activities (C-D-38, AMPM 910-A-1-q, BBA-488.242(b)(3))

Accurate and reliable data is imperative for the success of the ADHS/DBHS QM program. Per Provider Manual Section 7.5, Enrollment, Disenrollment and Other Data Submissions (Attachment F), Contractors are required to maintain a health information system which includes data elements such as member demographics, service utilization, provider characteristics, episode of care status, outcomes measures and diagnoses for use in ADHS/DBHS and Contractor QM activities.

Data submitted to the ADHS/DBHS Client Information System (CIS) must pass a series of validation measures and logic safeguards prior to acceptance. Each validation measure or edit is designed to operate in a specific manner to ensure accuracy, completeness and logic. ADHS/DBHS provides direction related to systems edits and business rules to its Contractors through the [Demographic and Outcome Data Set Users Guide \(DUG\)](#).

To improve the quality of data submitted directly to ADHS/DBHS QM for performance monitoring and evaluation, ADHS/DBHS developed the BQMO Specifications Manual (Attachment K) which includes details on the ADHS/DBHS methodologies for calculating and reporting all performance indicators. ADHS/DBHS mandates that Contractors use standardized report templates and methodologies as outlined in the BQMO Specifications Manual in their QM reporting. The standardization of reporting ensures consistency in collection and reporting of critical data elements across Contractors for improved analysis on a statewide level.

ADHS/DBHS quality of care (QOC) and performance measure staff participate in inter-rater reliability (IRR) exercises regularly to ensure consistency in staff interpretation of review questions and documentation ratings, thereby increasing the reliability of the review process. ADHS/DBHS BQMO conducts data validation activities twice a year to support the integrity of data reported by its Contractors. Contractors failing to meet the minimum performance standards are required to submit corrective action plans.

ADHS/DBHS-BQMO Review Activities

Annual Administrative Review

The Bureau of Quality Management Operation staff conducts annual comprehensive operational and financial reviews of each Contractor to assess compliance with contractual requirements and quality management standards and perform data validation activities. ADHS/DBHS establishes scoring criteria for each indicator reviewed. Contractors falling below performance expectations are required to develop corrective action plans (CAP) that reflect interventions to improve future performance. Contractor CAPs are monitored and tracked by the ADHS/DBHS Bureaus of Quality Management and Compliance, and the status of each CAP is reported quarterly to the ADHS/DBHS QM Committee.

ADHS/DBHS conducted its 2011 Annual Administrative Review during October and November of 2011 according to the following schedule:

- Magellan 10/11/2011 - 10/13/2011
- CPSA 10/18/2011 - 10/20/2011
- NARBHA 10/25/2011 - 10/27/2011
- Cenpatico 11/02/2011 - 11/04/2011
- Gila River, Pascua Yaqui and White Mountain desk review – Nov-Dec, 2011

The Administrative Review *Schedule* and the *Tool* were developed and shared with AHCCCS for feedback and Comments.

At the end of each RBHA Administrative Review, an Exit Interview was conducted with RBHA staff for preliminary feedback and a performance update; and also to provide them an opportunity to submit additional documentation to demonstrate their performance.

Administrative Review scores for each standard are in the process of being finalized; final reports will be shared with RBHAs to assist them in developing corrective action plans.

Data Validation Reviews

ADHS/DBHS OPI conducts biannual on site data validation activities to ensure the accuracy of data used to evaluate Contractor performance in QM area. Data validation findings are reported to the ADHS/DBHS QM Committee. Discrepancies in Contractor reported data and the data validation review findings are addressed through targeted

technical assistance, performance improvement plans and further corrective actions as needed.

Incident/Accident and Death (IAD) Report Reviews

ADHS/DBHS requires its Contractors to report incidents, accidents and deaths per Policy QM 2.5 (Reports of Incident, Accident, and Death), and Provider Manual Section 7.4 (Reporting of Incident, Accident and Death), and as outlined in ADHS/DBHS BQMO Specifications Manual. Contractors are required to report significant and/or adverse incidents for all enrolled behavioral health recipients. These incidents are reported to ADHS/DBHS within one day of the notification to the Contractors.

The Contractors are required to electronically submit to the ADHS/DBHS all mortalities, incidents of sexual and physical abuse, morbidities that require medical intervention, incidents of absence without leave (AWOL) from Level I facilities, medication errors that result in adverse outcomes, and human rights related violations etc.

ADHS/DBHS QOC staff review Incident, Accident and Death (IAD) reports and identify potential QOC concerns. Inter Rater Reliability (IRR) checks are conducted on a weekly basis for a select sample of cases to ensure consistency in reviewers' findings. These potential QOC concerns are communicated with respective Contractor QOC personnel for investigation. Contractor data is aggregated on a statewide level and presented to the QM Committee.

QOC concerns can also be referred to ADHS/DBHS Peer Review subcommittee for further review and recommendation. QOC and Peer Review activities are protected under the following Arizona Revised Statute (A.R.S.) and federal protections:

[42 U.S.C. 1320c-9](#); [42 U.S.C. 11101 et seq.](#); [42 CFR 51.41 \(c\) \(4\)](#); [A.R.S §36-441-](#)
[A.R.S. §36-445](#); [A.R.S. §36-2401](#); [A.R.S. §36-2402](#); [A.R.S. §36-2403](#); [A.R.S. §36-2404](#);
[A.R.S. §36-2917](#); [A.R.S. § 36-3407](#); [A.R.S. §41-1092\(3\)](#); [A.R.S. §8-542 AHCCCS](#)
[Medical Policy Manual \(AMPM\) 910\(A\) \(4\)](#); and [AHCCCS Medical Policy Manual](#),
[Chapter 900, Sections 910 & 960](#).

Peer Review (C-D-23-6-e and AMPM 960-C-6)

ADHS/DBHS conducts peer reviews at least quarterly within the Peer Review Committee. The purpose is to improve the quality of care provided to behavioral health recipients. The Peer Review Committee selects and reviews cases where there is evidence of inadequate and/or substandard care; inappropriate utilization of services, which includes a quality deficiency or omission of a service; and adverse outcomes, including morbidities and mortalities. The Committee may also review Contractor's Quality of Care (QOC) and non-QOC complaints.

ADHS/DBHS requires all Contractors to conduct Peer Reviews in accordance with the AMPM Chapter 900, and ADHS/DBHS Policy QM 2.6 (Peer Review Policy) (included in Attachment D).

ADHS/DBHS monitors Contractor peer review activities biannually through the ADHS/DBHS data validation and Administrative Review; and quarterly within the Peer

Review Committee. The Peer Review Committee operates under A.R.S. and federal protections:

[42 U.S.C. 1320c-9](#); [42 U.S.C. 11101 et seq.](#); [42 CFR 51.41 \(c\) \(4\)](#); [A.R.S. §36-441-A.R.S. §36-445](#); [A.R.S. §36-2401](#); [A.R.S. §36-2402](#); [A.R.S. §36-2403](#); [A.R.S. §36-2404](#); [A.R.S. §36-2917](#); [A.R.S. § 36-3407](#); [A.R.S. §41-1092\(3\)](#); [A.R.S. §8-542 AHCCCS Medical Policy Manual \(AMPM\) 910\(A\) \(4\)](#); and [AHCCCS Medical Policy Manual, Chapter 900, Sections 910 & 960](#).

Provider Monitoring

ADHS/DBHS requires Contractors to conduct on-site provider monitoring for all subcontractors at least annually; more frequent provider monitoring may take place for subcontractors demonstrating performance below minimum standards and as data evaluation indicates. Contractors are required to develop a mechanism for a focused review of provider sites as identified through trended data. As part of their provider monitoring, Contractors are required to implement processes for verifying the accuracy and timeliness of reported data, inter-rater reliability exercises, and the standardized collection of service information. Contractors must utilize provider monitoring data to implement performance improvement activities that are data driven, outcomes focused and systemic in scope to improve the quality of services provided to their members. Contractors include detailed provider monitoring plans in their Annual QM Plans, including a schedule and frequency of provider monitoring activities and provider monitoring tools. ADHS/DBHS oversees Contractor provider reviewing and approval of its Contractors' processes for meeting these requirements during biannual site visits.

Provider Profiling

ADHS/DBHS requires its Contractors to complete Provider Profiling quarterly as part of the provider monitoring process. Minimum provider profiling data elements must include ADHS/DBHS performance measures, complaints, grievance and appeals data, and ADHS/DBHS MM/UM measures.

ADHS/DBHS Contractors are required to develop a Provider Profile for each subcontractor by provider and/or service site and take corrective action to address deficiencies identified through trended data. Profiling data is used to improve recipient outcomes, support quality practice, and in the development of performance improvement activities to affect positive change for the Contractor, its providers, the service site, and the members' quality of care.

ADHS/DBHS Contractor's Provider Profiles are available for review in Contractor Dash Board reports located on each Contractor website.

ADHS/DBHS conducts Contractor Profiling activities quarterly through the synthesis of Contractor performance, utilization, compliance and review data. ADHS/DBHS presents these data across Contractors in various ADHS/DBHS committees and in reports to AHCCCS that are available to stakeholders and members for review at the [ADHS/DBHS website](#). ADHS/DBHS also utilizes Contractor profiling data for focused reviews, in the

development of Performance Improvement Projects (PIPs) and in the Request for Proposal (RFP) process.

Consumer Surveys (C-D-23, AMPM 910-A-1-n, BBA 438.202 (b))

ADHS/DBHS Bureau of Quality Management Operations conducts two annual consumer surveys: (1) Adult Consumer Survey, and (2) Youth Survey, based on the Substance Abuse and Mental Health Administration (SAMHSA) Mental Health Statistics Improvement Program (MHSIP) surveys.

The surveys request independent feedback from Title XIX/XXI adults and families of youth receiving services through Arizona's publicly funded behavioral health system. The surveys measure consumers' perceptions of behavioral health services in relation to the following domains:

- General Satisfaction
- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment Planning
- Outcomes
- Cultural Sensitivity
- Improved Functioning
- Social Connectedness

ADHS/DBHS BQMO presents Consumer Survey data in the ADHS/DBHS Quality Management (QM) Committee. Contractor performance on outcome domains is used to measure the RBHA's eligibility for a financial incentive. Additionally, member satisfaction with *Access to Service* and *Participating in Treatment Planning* are two main indicators in the ADHS/DBHS Outcomes Framework and Dashboard.

ADHS/DBHS compiles statewide survey data into an annual deliverable reported to AHCCCS, submits survey data to SAMHSA's MHSIP, and publishes it on the ADHS/DBHS website (FY2011 Consumer survey submitted to AHCCCS on 12/15/11).

Coordination of Care (COC) (C-D-12, AMPM 910-A-1-p)

ADHS/DBHS is committed to improving the coordination and communication of member care between the behavioral health system and members' AHCCCS Primary Care Physicians (PCPs) and/or their AHCCCS Health Plan Coordinators. At a minimum, 85 percent of member files reviewed must contain appropriate documentation of communication with the member's primary care physician. Any Contractor falling below the *minimum performance standard* (MPS) is subject to corrective action and must develop a corrective action plan identifying interventions to improve and sustain compliance.

The ADHS/DBHS definition of COC is included in QM Plan Section XI (*Performance Measures*); the methodology for calculating the COC performance measure is explained in the ADHS/DBHS BQMO Specifications Manual (Attachment K). Policies and provider manual sections that support the ADHS/DBHS COC performance measures

include ADHS/DBHS Provider Manual 3.3 (Referral and Intake Process) and Provider Manual Section 4.3-*Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers* (Attachment F).

Outcomes Dashboard

All ADHS/DBHS QM processes and activities are designed to foster positive clinical and social outcomes for behavioral health recipients. In FY 2011, ADHS/DBHS implemented an outcomes framework that assesses the impact of ADHS/DBHS programs and initiatives on behavioral health outcomes. Primary indicators are defined using Client Information System (National Outcome Measures [NOMS]), the ADHS/BHS Annual Consumer Survey, QM performance measures data, MM/UM data, and network analyses.

The framework organizes these priority indicators into the four following categories, which are reported in a series of scorecards that collectively form the Outcomes Dashboard:

1. Access;
2. Service Delivery;
3. Coordination/Collaboration; and
4. Outcomes.

Statewide	
Outcomes: Individuals ...	Has quality of life improved for individuals served by the behavioral health system?
With a drug/alcohol use history are now abstaining	30.8%
Are not homeless	97.5%
Are employed	14.2%
Attend school	36.4%
Have no recent criminal justice system involvement	93.7%
Participate in self-help groups	Coming in 2012

The Dashboard is published on the ADHS/DBHS website for review by the public, contractors, providers and consumers: <http://www.azdhs.gov/bhs/dashboard/index.htm>

The Dashboard QM outcomes measures are developed by the BQMO Office of Information Management (OIM) and presented in the Quality Management Committee for review and approval. Outcomes Dashboard data are often discussed in the Leadership Team to assess the effectiveness of the System; develop strategic direction and recommendations, and to monitor Contractor progress on score cards.

Actions for Improvement (C-D-23-A-6-e, AMPM 920-C-1-a-b-c-6, AMPM 920-C-1-d)

ADHS/DBHS uses technical assistance and, where necessary, corrective action or other contractual remedies to correct the actions of Contractors exhibiting low performance on any of the AHCCCS or ADHS/DBHS performance indicators. ADHS/DBHS Contractors are required to incorporate the PDSA (Plan, Do, Study, Act) Model for continuous quality improvement in Corrective Action Plans (CAPs). CAPs must include: (1) measurable goals and objectives, (2) interventions, activities and tasks, (3) responsible parties, and (4) start and completion dates for each activity and task identified in the submitted CAP. The Contractors must include systemic interventions that include, but are

not limited to, training, policy review and revision, technical assistance and focused reviews. Contractor CAPs must utilize evidence-based practices in the reported interventions to meet and/or exceed performance expectations.

ADHS/DBHS BQMO approves and monitors all Contractor CAPs and mandates that Contractors report CAP performance quarterly. ADHS/DBHS BQMO reports the status of statewide QM CAPs to the QM Committee; the Contractor specific improvement plans are also presented within the ADHS/DBHS Compliance meetings. The ADHS/DBHS Leadership Team is the ultimate decision making body for approving CAP compliance and directing the levying of further corrective actions, including contractual remedies such as sanctions or notices to cure, as indicated. (C-D-23, AMPM 920-C-1-e)

QM Policy Development or Revision (C-D-17, AMPM 940-A-1-o)

The ADHS/DBHS Policy Committee has developed a schedule and protocol to monitor the revision of division-wide policies and procedures based on the AHCCCS-ADHS/DBHS Contract, and program requirements. Policies are revised at least annually or as necessary. All revised policies are presented in the QM Committee meeting for feedback and preliminary approval, and approved policies are then presented to ADHS/DBHS Policy Committee for justification of revisions. Policies are then sent out for Public Comments; after reviewing public comments, policies are revised if needed. Final policies are again presented to the QM Committee for final approval. Attachment F contains all QM policies.

V. Delegated Functions

(C-D-23, C-D-23-A-5, AMPM 910-A-1-h, AMPM 950-B-3)

ADHS/DBHS delegates the following QM functions to its Contractors as delineated in the ADHS/DBHS/RBHA contracts:

- A comprehensive QM program that includes all the required components within the ADHS/DBHS QM Plan, the AHCCCS AMPM Chapter 900, Policy 910 and the ADHS/DBHS/RBHA Contracts
- QI Committee
- Quality of Care concerns reporting and investigation
- Tracking and Trending of Member Complaints, Grievances, and Appeals
- Developing and Disseminating Member Handbooks
- Medical Record Maintenance
- Credentialing, Re-credentialing, Organizational credentialing and Provisional credentialing of all sub-contracted providers
- Provider Monitoring and Profiling

ADHS/DBHS provides oversight and retains ultimate accountability for all functions delegated to its Contractors (C-D-23, AMPM 910-C-6-e). Contractor quarterly and *ad hoc* reports, focused reviews, data validation site visits, and the Annual Administrative Review serve as the mechanisms by which ADHS/DBHS monitors delegated functions. Furthermore, the Contractors must do the following for activities they delegate to their providers:

- Execute a written agreement specifying the delegated activities and reporting responsibilities of the entity, including providing for revocation of the delegation or other remedies for inadequate performance

- Evaluate the entity's ability to perform the delegated activities prior to delegation
- Conduct ongoing monitoring of performance and the quality of services provided
- Annually review the delegated entity's performance
- Maintain, for ADHS/DBHS' review, evaluation reports and CAPs, as necessary, to ensure quality for all delegated activities

VI. Member Rights and Responsibilities

The ADHS/DBHS Contractor Member Handbooks are designed to provide behavioral health recipients and potential enrollees with information about services provided in the ADHS/DBHS system of care and information on member rights and responsibilities, including the complaint and grievance system requirements and the means to resolve issues outside of the Contractor's specific processes (such as ADHS/DBHS Customer Service).

Contractors must provide each member with a Handbook within 10 days of the member's first service. ADHS/DBHS utilizes the Administrative Review to monitor Contractor compliance with this policy and procedure. Handbooks must be easily accessible by all behavioral health recipients and potential enrollees. Members have the right to receive a Handbook at least annually.

The ADHS/DBHS Provider Manual Section 3.6 (Member Handbooks-Attachment F) delineates the mandatory components for each Contractor Member Handbook and is approved by AHCCCS before dissemination of these requirements to ADHS/DBHS Contractors. ADHS/DBHS provides the Contractors with the Handbook template and no revisions to the Handbooks may be made without prior approval by ADHS/DBHS.

VII. Medical Records and Communications

(C-D-17, C-D-21, C-D-23-A-3, AMPM 940-2-a, AMPM 940-3-a)

Contractors must ensure effective and continuous patient care through medical record documentation of each member's health status, changes in health status, health care needs and services provided. [ADHS/DBHS Provider Manual Section 4.2, Behavioral Health Medical Record Standards](#) (Attachment F) establishes *minimum required elements* for member medical records, including processes for the use of digital (electronic) signatures when electronic documents are utilized.

ADHS/DBHS utilizes the ADHS/DBHS Behavioral Health Service Provision Tool and the Medical Record Review Tool (Attachment L) to review Contractor medical records. ADHS/DBHS ensures all Contractors' QM programs comply with the required elements of Provider Manual Section 4.2 (the Behavioral Health Service Provision Tool, and the Medical Record Review Tool) through review of Contractor QM Plans.

ADHS/DBHS conducts quality reviews of Contractor medical records to assess compliance with ADHS/DBHS minimum required elements for Medical Record through *ad hoc* data validation site visits, quarterly record reviews for performance measures, and during the Annual Administrative Review. Identified deficiencies result in technical assistance and CAPs, and are monitored until improvement is sustained.

ADHS/DBHS ensures that each behavioral health recipient is guaranteed the right to request and receive a copy of their medical record; and to request that the record be amended or corrected, per Provider Manual Section 4.2.7-C (Attachment F) and as specified in *45 C.F.R. Part 164*.

To protect the confidentiality of behavioral health recipient medical information and ensure compliance with HIPAA requirements, ADHS/DBHS utilizes Policy and Procedure Manual Section CO 1.4 (Confidentiality), and Provider Manual Section 4.1 (Disclosure of Behavioral Health Information-Attachment F). All ADHS/DBHS Contractors and their sub-contractors must adhere to the requirements pertaining to the release of protected, confidential health information as mandated within these guidance documents.

VIII. Credentialing and Re-Credentialing Processes

(C-D-17, C-D- 23, C-D-23-A-5-a, C-D-23-6, AMPM 910-C, AMPM 950-B, AMPM 950-D, AMPM 950-F-1-b-4, AMPM 960-A)

ADHS/DBHS delegates organizational and provider credentialing to its Contractors (including temporary credentialing, initial credentialing, and re-credentialing). ADHS/DBHS requires Contractors to develop and implement credentialing policies, procedures and protocols that meet AHCCCS and ADHS/DBHS requirements. Contractors must utilize the Contractor Credentialing Committee, Peer Review Committee or similar body to oversee credentialing and re-credentialing decisions. The Contractor's Medical Director or other designated physician is responsible for oversight of the credentialing process. Contractors and subcontractors must utilize participating Arizona Medicaid network providers in making credentialing decisions.

Contractors must have policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process. Temporary, or provisional, credentialing is intended to increase the available network of providers in medically underserved areas, whether rural or urban. Providers working in a Federally Qualified Health Center (FQHC) and FQHC Look-alike Center, as well as hospital employed physicians (when appropriate), must be credentialed using the temporary or provisional credentialing process even if the provider does not specifically request their application be processed as temporary or provisional.

Contractors shall have 14 days from receipt of a complete application within which to render a decision regarding temporary or provisional credentialing. ADHS/DBHS provides oversight, monitoring and technical assistance when needed. Contractors' credentialing processes and files (a random sample of 30 files for each type of credentialing: temporary, initial, and re-credentialing) are reviewed during the ADHS/DBHS Annual Administrative Review to ensure that providers are appropriately credentialed.

Credentialing processes must include records of onsite inspections of non-licensed providers to ensure compliance with credentialing requirements. The credentialing process must include a mechanism for providers to appeal credentialing decisions.

Contractors must appropriately re-credential their subcontracted providers every three years.

ADHS/DBHS mandates that Contractors utilize the ADHS/DBHS Credentialing and Re-credentialing Tools (Attachment E) for all credentialing activities for all provider types. Provider Manual Policy Section 3.20, Credentialing and Recredentialing (Attachment F) includes the Contractors' requirements for this function.

IX. Tracking and Trending of Member and Provider Issues

(C-D-17, C-D-23 A-3, C-d-23-6-a, b and d, AMPM 960 B-1-2-a thru d, AMPM 960 B-3 thru 7, BBA 438.420 (a) (b) (3))

Non-Quality of Care (Complaints, Appeals and Grievances)

ADHS/DBHS defines the issues captured in the non-quality of care process in the following ADHS/DBHS Policies, Procedures and Provider Manual sections:

- Policy GA 3.6 Complaint Resolution
- Provider Manual Section 5.2 Member Complaints
- Provider Manual Section 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons
- Policy G.A. 3.3 Title XIX/XXI Notice and Appeal Requirements
- Policy GA 3.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI) (Attachment F) and the ADHS/DBHS BQMO Specifications Manual, Complaint Reporting (Attachment K)

ADHS/DBHS defines a complaint as “*An expression of dissatisfaction with any aspect of care, other than the appeal of actions.*” Complaints may be filed directly with the Contractor and/or with ADHS/DBHS and may originate from behavioral health recipients, family members/guardians, providers, or other stakeholders, including Legislators, AHCCCS, the Governor’s Office and the Center for Disability Law. Complaints filed with ADHS/DBHS are directed back to the Contractor from which the involved behavioral health recipient receives services for action. The Contractors must inform ADHS/DBHS of the outcome of the complaint within timeframes specified by ADHS/DBHS Customer Service.

ADHS/DBHS delegates the tracking, resolution and reporting of complaint data for all TXIX/TXXI adults and children to its Contractors. The Contractors must include in these processes, at a minimum, the investigation and resolution of the complaint, any interventions implemented from the complaint data, and closure of the complaint. Any complaint may be elevated to the Contractor appeal and/or QOC processes as warranted by the complaint investigation findings.

ADHS/DBHS monitors this process through two Contractor reports submitted monthly to ADHS/DBHS OPI. First, complaint logs are submitted indicating the number of persons filing complaints each month, along with summarized information about the complaints. Additionally, Contractors report information about complaints resolved during the month in a separate monthly report in a template based on the AHCCCS Grievance System Reporting Guide. Both reports are described in the ADHS/DBHS BQMO Specifications Manual (Attachment K).

ADHS/DBHS defines an appeal as “*A request for review of an action.*” An “Action” is defined as:

- The denial or limited authorization of a requested service, including type and level of service
- The reduction, suspension, or termination of a previously authorized service
- The denial, in whole or part, of payment for a service
- The failure to provide a service in a timely manner
- The failure of a Contractor to act within the time frames for service as indicated contractually
- For an enrollee residing in a rural area with only one Contractor, the denial of an enrollee’s request to exercise the right to obtain services outside the Contractor’s network

ADHS/DBHS requires timely and complete Notices of Action (NOA) are provided to members or their legal representatives, consistent with AHCCCS requirements, when an action is taken in response to a request for service. The ADHS/DBHS Office of Grievance and Appeals (OGA), in conjunction with AHCCCS monitoring activities, conducts Notice of Action (NOA) audits of all ADHS/DBHS Contractors to measure compliance with AHCCCS and ADHS/DBHS NOA requirements. In addition to monitoring the procedural requirements and legal sufficiency of the NOAs, ADHS/DBHS reviews the NOAs for compliance with clinical decision-making expectations of AHCCCS and ADHS/DBHS, and provides follow-up to Contractors when clinical concerns are identified.

Appeals are initiated at the Contractor level, and if not resolved there, may be further appealed to ADHS/DBHS or AHCCCS, depending upon the appeal process used by the member (Title XIX/XXI Appeal Process or SMI Appeal Process).

ADHS/DBHS defines a grievance as: “*A complaint that is filed by a person with a Serious Mental Illness (SMI) or other concerned person regarding a violation of the person with SMI’s rights or a condition requiring an investigation.*” Like appeals, grievances are generally first filed with Contractors, and to the extent the client disagrees with the outcome, may be appealed further to ADHS/DBHS. ADHS/DBHS directly investigates the most serious grievances, client abuse and death cases.

ADHS/DBHS conducts quarterly audits of the Contractors to ensure adherence to procedural requirements, requiring corrections of any Contractor that is found non-compliant with the established standards. The quarterly review findings are used for scoring of the Contractors in the ADHS/DBHS Annual Administrative Review.

The ADHS/DBHS receives quarterly grievance system reports from Contractors. The reports summarize data and Contractor analysis, trending and follow-up action related to data on appeals, grievances, claims disputes and repetitive filings by individuals. The ADHS/DBHS Office of Grievance and Appeals reports pertinent findings in statewide grievance and appeals data to the ADHS/DBHS QM Committee quarterly. Complaint, grievance and appeals data are synthesized with data from other relevant data sources to

identify problematic system issues requiring corrective interventions. Corrective interventions can include CAPs, sanctions, and other contractual remedies.

ADHS/DBHS requires that Contractors ensure that all staff with direct contact with behavioral health members are trained to assist the member in the filing of all complaint, appeal, and grievance paperwork and the identification of means to resolve issues outside of the Contractor process, such as ADHS/DBHS Customer Service, ADHS/DBHS Office of Human Rights, local Human Rights Committees, and other available advocacy and support options.

Quality of Care (C-D-23, AMPM 910 C-5-e; 960 C, D)

ADHS/DBHS and its Contractors conduct QOC reviews of member care. The ADHS/DBHS Office of Performance Improvement (OPI) receives QOC issues from a variety of sources. If submissions contain immediate healthcare concerns, OPI contacts the DBHS Office of Customer Service. The general QOC process is as follows:

1. ADHS/DBHS Contractors and their providers are required to submit all Incident, Accident and Death (IAD) reports to ADHS/DBHS-BQMO/Office of Performance Improvement (OPI) for review and investigations.
2. QOCs are also submitted to BQMO/OPI from other internal and external agencies: Office of Behavioral Health Licensing (OBHL), Office of Consumer Rights, ADHS Director's Office, DES/DDD, Human Rights Agencies, Stakeholders and the Governor's Office. (C-D-23, AMPM 920 C-1-f, AMPM 960 C-1-c)
3. IADs and QOC concerns are entered by QOC Admin Support into a QOC database
4. IADs are reviewed by OPI-QOC staff in a weekly QOC Team meeting; Inter-Rater Reliability (IRR) checks are done on a weekly basis and potential QOC concerns are identified through consensus.
5. QOC staff initiate a QOC investigation process; reports of abuse, neglect and deaths are all considered potential QOC concerns and treated as such. If additional allegations are identified during the investigation process, they are added to the original QOC.
6. ADHS/DBHS assigns each QOC a level of severity and categorizes the QOC as per AHCCCS Contract, AMPM manual and ADHS/DBHS-BQMO Quality of Care Desktop Protocol (Attachment F).
7. A QOC opening letter is sent to respective Contractors for each potential QOC concern asking for investigation.
8. ADHS/DBHS notifies AHCCCS about the investigation's status through a weekly report, and closing timelines are identified for each potential QOC.
9. At the end of the process a closing letter is sent to AHCCCS.

Contractors must maintain a confidential file that documents their QOC review processes and make the data available to ADHS/DBHS OPI for review, as requested. The ADHS/DBHS QOC process operates under the protections provided by the A.R.S. and federal protections as follows:

[42 U.S.C. 1320c-9](#); [42 U.S.C. 11101 et seq.](#); [42 CFR 51.41 \(c\) \(4\)](#); [A.R.S §36-441-A.R.S. §36-445](#); [A.R.S. §36-2401](#); [A.R.S. §36-2402](#); [A.R.S. §36-2403](#); [A.R.S. §36-2404](#); [A.R.S. §36-2917](#); [A.R.S. § 36-3407](#); [A.R.S. §41-1092\(3\)](#); [A.R.S. §8-542 AHCCCS Medical Policy Manual \(AMPM\) 910\(A\) \(4\)](#); and [AHCCCS Medical Policy Manual, Chapter 900, Sections 910 & 960](#).

The ADHS/DBHS OPI is staffed with individuals who have the necessary clinical and administrative knowledge and skills to facilitate the investigation, evaluation, analysis, resolution, closure and trending of QOC issues (see BQMO Staff Job Descriptions section) (C-D-17, C-D-23-6, AMPM 960 C-1-a-b).

The ADHS/DBHS OPI is responsible for ensuring that each Contractor conducts a complete, timely and accurate resolution of the issues raised in the QOC. ADHS/DBHS reviews the Contractor's investigation, including whether the concern was substantiated, unsubstantiated or unable to be substantiated; and the severity of the QOC based on the substantiation. The ADHS/DBHS QOC process and Quality of Care Desktop Protocol are delineated in Attachment F.

Depending on the outcome of the investigation, ADHS/DBHS may refer QOC cases to the ADHS/DBHS Peer Review Committee as warranted by the QOC concern investigation (AMPM 960 C-6).

ADHS/DBHS requires and documents annual staff training on the QOC policy for all ADHS/DBHS employees having contact with members or providers (Attachment H), and the DBHS Workforce Development Unit includes Quality of Care training as part of the DBHS New Employee Orientation Training Requirements. The training assists staff in the identification and referral of potential quality of care concerns. FY 2011 QOC Training for all DBHS staff was completed on October 31st 2011 (Attachment G). In order to complete the training, staff was required to take a test with a passing score of seven (7) out of 10. A total of 56 staff participated and completed QOC training; participants were from-Customer Service, Grievance and Appeals, Cultural Competency, the Advocacy Group, CSOC, BQMO, Prevention, Grant Services and Compliance.

ADHS/DBHS oversees the QOC review process. First, it maintains Policy QM 2.7 Quality of Care Concerns (Attachment F) to guide ADHS/DBHS and Contractor QOC activities. Additionally ADHS/DBHS keeps a confidential member record that includes letters to Contractors, e-mails, findings, CAPs, research, documentation, and records reviewed by QOC designees from the ADHS/DBHS OPI.

ADHS/DBHS reports to AHCCCS weekly the number of QOCs identified for Title XIX and XXI members, and quarterly aggregates and reports the outcomes of these investigations (AMPM 920 – C-1-c and C-1-c-(1)-(6)). ADHS/DBHS also tracks, trends and aggregates QOC data on a Contractor level and presents the information to the ADHS/DBHS QM Committee quarterly (C-D-23-A-6-e, AMPM 920 C-2).

ADHS/DBHS monitors Contractor compliance with QOC requirements on a case-by-case basis as well as through the Annual Administrative Review. The Administrative Review tool specifically measures Contractors' compliance in developing CAPs to

reduce and/or eliminate the likelihood of the issue reoccurring, incorporation of successful interventions into the QM program based on the QOC review, assignment of new interventions as appropriate, and the maintenance of the process for resolving the concern from both a systems and a member perspective.

ADHS/DBHS Contractors are required to develop CAPs for problems identified through the QOC concern review process. The CAPs must promote quality and improved care for members receiving services in the behavioral health system. CAPs must address the following:

- Specified types of problems requiring corrective action
- Person or body responsible for making the final determination regarding quality issues
- Types of member/provider actions to be taken to include at a minimum:
 - Education/training/technical assistance
 - Follow up monitoring and evaluation of improvement
 - Changes in processes, structures, and forms
 - Informal counseling, termination of affiliation with provider, and/or appropriate referrals to regulatory agencies, including CPS, APS, and AHCCCS.
- Documentation of assessment of the effectiveness of actions taken
- Method for internal dissemination of findings and resulting work plans to appropriate staff and/or network providers
- Method for dissemination of pertinent information to AHCCCS and/or regulatory boards and agencies (Arizona Department of Health Services, Arizona Medical Board, Arizona State Board of Nursing, etc)

X. Performance Measures

(AMPM 970-B-1-b-(1)-(5)-(7), AMPM 970-B-1-(1)-(7), 7BBA 438.240 (a)(1), 438.240 (b)(1) and (d)(1), 438.240 (c)(I)(ii) and (2)); (C-D-23-A-9, C-D- B-I, AMPM 970 B-d-1, BBA 438.240 (e)(I)(i), BBA 438.240 (a) and (b), BBA 438.240 (c) (1, 2 and 3))

ADHS/DBHS follows the Plan, Do, Study, Act (PDSA) Quality Improvement cycle to evaluate data, assess performance, test interventions and refine activities as necessary. Through its contracts, ADHS/DBHS mandates the use of the PDSA model in every Contractor's QM activities. ADHS/DBHS and its Contractors participate in the continuous assessment and evaluation of system performance.

ADHS/DBHS has included AHCCCS-established minimum performance standard (MPS) and goals within its RBHA contracts and the ADHS/DBHS BQMO Specifications Manual (Attachment K). The current MPS and Goals are presented in the table on the following page.

ADHS/DBHS monitors each Contractor's performance on these measures quarterly. ADHS/DBHS and its Contractors incorporate monitoring of performance measures into provider monitoring processes and take actions, as necessary, to improve performance. The performance measures are reported separately for the TXIX/XXI Adult and Child populations.

Performance is also separately measured for members enrolled with the Arizona Department of Economic Security's Division of Developmental Disabilities (DES/DDD). Performance measure results are reviewed by the ADHS/DBHS QM Committee before submission to DES/DDD and AHCCCS. After approval, results are shared with the public and stakeholders through internal and external committees, such as the RBHA QM Coordinators Committee and DBHS Contractor Compliance Committees, and by publishing aggregate statewide performance measure reports on the ADHS/DBHS website and for analysis in the DBHS Outcomes Framework.

Performance Measure	Minimum Performance Standard	Goal
Access to Care	90%	95%
Behavioral Health Service Plan	85%	95%
Behavioral health Service Provision	85%	95%
Coordination of Care – Communication	85%	95%
Follow Up after Hospitalization for Mental Illness within 7 Days	70%	90%
Follow Up after Hospitalization for Mental Illness within 30 Days	80%	90%
Treatment of Depression	TBD	90%

ADHS/DBHS requires that each Contractor meets the established MPS for each measure per 42 CFR 438.240(b) (1), (2), and (d) (1). Additionally ADHS/DBHS requires continually improved performance measure outcomes from year to year as defined by the AHCCCS Medical Policy Manual (AMPM) Chapter 900. Statistically significant drops in statewide or an individual Contractor's performance level for any measure result in increased technical assistance, development of CAPs or sanction. ADHS/DBHS uses the following definitions for its performance measures:

1. *Access to Care:* The percent of AHCCCS members referred for or requesting behavioral health services for which the first service was provided within 23 days of the initial assessment.
2. *Behavioral Health Service Plan:* The percent of AHCCCS members with current service plans that incorporate the needs and service recommendations identified in their assessments.
3. *Behavioral Health Service Provision:* The percent of AHCCCS members who received the services that were recommended in their service plans.
4. *Coordination of Care (Communication):* The percent of AHCCCS members for whom behavioral health service providers communicate behavioral health clinical and contact information with the member's Primary Care Physician (PCP) and/or Health Plan (C-D-23, AMPM 910 A-1-p).

AHCCCS tracks the following measures:

5. *Follow up after Hospitalization for Mental Illness:* The percent of discharges for members age 6 years and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit or partial hospitalization

with a behavioral health practitioner, based on Healthcare Effectiveness Data and Information Set (HEDIS) criteria. Two rates will be reported: members who received follow up within 30 days of discharge and members who received follow up within 7 days of discharge.

6. *Treatment of Depression:* The percent of continuously enrolled AHCCCS members diagnosed with major depressive disorder of mild subtype who received an antidepressant medication or psychotherapy during the measurement period.

Performance Reporting for Special Populations

ADHS/DBHS identifies behavioral health recipients who are also enrolled in services with the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) as meeting the definition of special populations. The following ADHS/DBHS performance measures are monitored and reported for DES/DDD behavioral health recipients:

- Access to Care
- Coordination of Care – Communication
- Behavioral Health Service Plan
- Behavioral Health Service Provision

ADHS/DBHS reports performance for this special population separately in the FY11 Annual Performance Improvement Reports, in addition to sending quarterly reports on recipient utilization, Access to Care and Coordination of Care to DES/DDD.

XI. Performance Improvement Projects

(C-D-23-A-9, C-D-23-B-II, BBA 438.240(e)(1) and 438.240(d)(2) and AMPM 980-B-2)

ADHS/DBHS utilizes data derived from quality management activities in the development of PIPs per the AMPM Chapter 900 and the Provider Manual Section 8.4 Performance Improvement Projects (Attachment F). ADHS/DBHS may conduct PIPs for both clinical and non-clinical areas. The PIPs utilize structured methodologies as approved by AHCCCS for targeted improvement activities. Project topics are determined through data collection and analysis to identify a systemic improvement need.

Data reviewed includes, at a minimum, complaints, grievances, QOCs, performance measures and service utilization data. Projects are considered complete after improvement has been achieved and sustained for a year.

ADHS/DBHS utilizes PIP data in the creation and dissemination of practice protocols, policy development, and quality improvement activities. Contractors are required to participate in any and all activities, including interim monitoring, related to the completion of the following PIP:

Improving Coordination of Care for Acute-Care Members Receiving Behavioral Health Services

The Coordination of Care PIP studies *whether improved coordination between AHCCCS Acute Care medical providers and behavioral health medical providers, including the targeted exchange of opiate and benzodiazepine prescribing data, reduce morbidity and/or mortality among AHCCCS members served through both systems.*

This PIP is co-owned by the ADHS/DBHS and AHCCCS, conceptualized by the ADHS/DBHS former Chief Medical Officer, Dr. Wilson, and implemented by AHCCCS with the help of its Health Plans.

The PIP was implemented in FY 2009 by AHCCCS; first re-measurement was scheduled for AHCCCS Contract Year 2010-2011. ADHS/DBHS-BQMO/OPI is committed to working with AHCCCS to assist with this PIP.

AHCCCS and ADHS/DBHS are co hosting meetings between AHCCCS Health Plans and ADHS/DBHS RBHAs for effective coordination and data sharing for improved performance.

As per the AHCCCS letter to ADHS/DBHS BQMO dated November 15, 2011, the ADHS/DBHS Self-Selected PIP requirement for CYE 2012 has been waived.

XII. Reporting Requirements

ADHS/DBHS reports all AHCCCS performance data per the AHCCCS/ADHS/DBHS contract deliverable schedule as defined by Contract#YH8-0002, Amendment 41 (July 1, 2011), "Attachment C: Periodic Reporting Requirements," and "Summary of Due Dates." ADHS/DBHS requires all Contractors to report performance measures and other QM data at least quarterly.

ADHS/DBHS QM Reporting

- Annual QM Plan, Work Plan and Evaluation
- Annual Consumer Survey
- Annual Performance Improvement Report (Child and Adult)
- Monthly Grievance System Report (Appeals and Claims Disputes)
- Performance Improvement Project Proposals and Interim Reports
- QM Quarterly Report (QOC Report)
- Weekly QOC Report to AHCCCS

ADHS/DBHS Contractor QM Reporting

- Annual Contractor QM Plan, Work Plan and Evaluation
- Quarterly Performance Improvement Report
 - Data included: Complaints, Performance Measures, CAPs, other proxy data such as QOCs
- Monthly Complaint Logs
- Monthly Complaint Resolution Summary (part of Monthly Enrollee Grievance Summary Report)
- Monthly QOC Reports
- Annual Consumer Survey Report

ADHS/DBHS QM also reviews data reports from other ADHS/DBHS functional areas in the ADHS/DBHS QM Committee. The following functional area reports are data feeds for ADHS/DBHS QM:

- Office of Grievance and Appeals Reports
- Adult and Child System of Care Reports
- ADHS/DBHS Quality Management Administrative Review CAP Status Reports
- Office of Individual and Family Affairs Reports
- Other data as identified

ADHS/DBHS ensures all deliverables are submitted to AHCCCS in a timely manner and are complete and error free. ADHS/DBHS Contractors must submit timely, logical and error free reports to ADHS/DBHS for the compilation of statewide reports to AHCCCS. ADHS/DBHS QM reports are reviewed by the ADHS/DBHS Leadership Team for approval prior to submission to AHCCCS.

XIII. List of Attachments

- A – FY2012 Quality Management Work Plan
- B – 2011 Quality Management Work Plan Evaluation
- C – 2011 Quality Management Program Evaluation Summary
- D – Peer Review Policy, Desktop Protocol, and Process Diagram
- E– Credentialing Tools
- F – QM Policies and Procedures
- G – ADHS/DBHS In-House QOC Training Materials
- H– 2012 Plan and Work Plan – QM Committee Approval by CMO
- I– 2012 Plan and Work Plan Approval – ADHS/DBHS Leadership Team
- J – 2012 QM Plan Checklist
- K – ADHS/DBHS 2012 BQMO Specifications Manual (Revised July, 2011 and submitted to AHCCCS 10/1/2011)
- L – Service Provision Tools